

Acknowledgements

This report would not have been possible without the help of many people. First and foremost are the stakeholders, service providers, focus group participants and survey participants who so willingly gave of their time to meet with me, completed questionnaires and shared their opinions and views.

I am deeply appreciative of the time and information that was given to me by Alice Harris, the Director of the Anne Arundel County Local Management Board and her staff. Special thanks go to Jessica Herrmann, Megan Lynch, Rachel Griffin and Barbara Palmer who assisted me in leading the focus group discussions. Special thanks also goes to the agency directors and their staff that generously shared with me their time and information about the programs and provided data used in this report. Finally, special thanks go to Bishop Larry Thomas, Pastor of St. James Church of the Apostolic Faith, Inc. of Glen Burnie, Maryland and Pastor Fred Muir of the Unitarian Universalist Church of Annapolis, Maryland for making their facilities available for the focus group meetings.

Researcher Dr. Sandra Chipungu, Howard University School of Social Work, Washington, DC assisted with the analysis of the findings and supported the work on this project. In completing this version of the Children and Families Needs Assessment, special thanks go to Michael Fox and his staff from the Anne Arundel County Office of Planning and Zoning. With their assistance additional information was made available for the report along with an illustrative map that provides a visual depiction of the various locations in the county.

I am grateful to everyone who assisted in the preparation of this report and I hope that the findings of this report will be helpful to the Local Management Board as they continue their work on behalf of children and families in Anne Arundel County.

Ernestine F. Jones

TABLE OF CONTENTS

<u>Subject</u>	<u>Page</u>
Introduction	2
Methodology	2
Anne Arundel County Profile	5
Local Management Board	12
Anne Arundel County Community Partnership	14
Report findings	19
Findings: Children 0 – 5 Years	21
Recommendations: Children 0 – 5 Years	35
Findings: Children 6 – 11 Years	37
Recommendations: Children 6 – 11 Years	38
Findings: Youth 12 – 18 Years	39
Recommendations: Youth 12 – 18 Years	41
Findings: Children All Ages	43
Recommendations: Children and Youth – All Ages	45
Summary	46
Bibliography	49
Interviewees – Stakeholders and Service Providers	51

Anne Arundel County Local Management Board Children and Families Needs Assessment Update: FY 2004

Introduction

This report is an update to the 2002 needs assessment for children and families for the Anne Arundel County Local Management Board (LMB). This needs assessment is intended to identify the need for any changes or modifications to the priorities that were established after the completion of the 2002 needs assessment. A community needs assessment is a useful way to engage citizens in the process of deciding what services and resources are needed to address the needs of families and children in Anne Arundel County. Conducting a needs assessment is important in ensuring that communities maintain up to date information about the needs of their community and are given an opportunity to help establish priorities for meeting those needs. Because every community is continually undergoing change this also becomes a valuable tool in determining the impact of growth and development over a period of time. The attitudes of the citizens may change as other dynamics in the community change and by updating the needs assessment the community can feel comfortable in knowing that the direction that is being taken is appropriate.

Methodology

An important part of the needs assessment process is finding a way to engage as many citizens as possible in the process. The views, opinions and attitudes are necessary ingredients for reflecting the goals and aspirations of the people. It gives citizens a way to learn about their community and to ultimately feel that they have had a voice in the direction taken to shape what happens to them in the future. The methodology chosen for conducting this needs assessment is intended to ensure maximum participation of citizens with varying perspectives, in a short period of time and with limited resources. Five processes were used to conduct the needs assessment:

- Limited research of existing data about programs in the county,
- Key Stakeholder interviews,
- Selected Service Provider Interviews
- Focus Group discussions, and
- A Targeted Parent Survey.

In the review of existing data special emphasis was placed on prior need assessments, census and county government data and information, agency and organization studies and reports, and other related data available on the internet. These data sources were utilized because it is readily available and allows wider access to a variety of information with minimal costs.

Interviews with eleven stakeholders and sixteen service providers provided the opportunity to obtain information from persons in the community who are considered to be most knowledgeable about the needs of citizens based on their long-term service in the community. The individuals selected were chosen because they are representative of a cross-section of the leadership in areas such as community services, the religious community, persons representing the various ethnic groups, and individuals that have extensive knowledge about programs and services being used by citizens. Stakeholders

are interested persons that have been actively engaged in activities to support children and families or have been advocates on their behalf in Anne Arundel County over time and were considered to be in a position to know the community well.

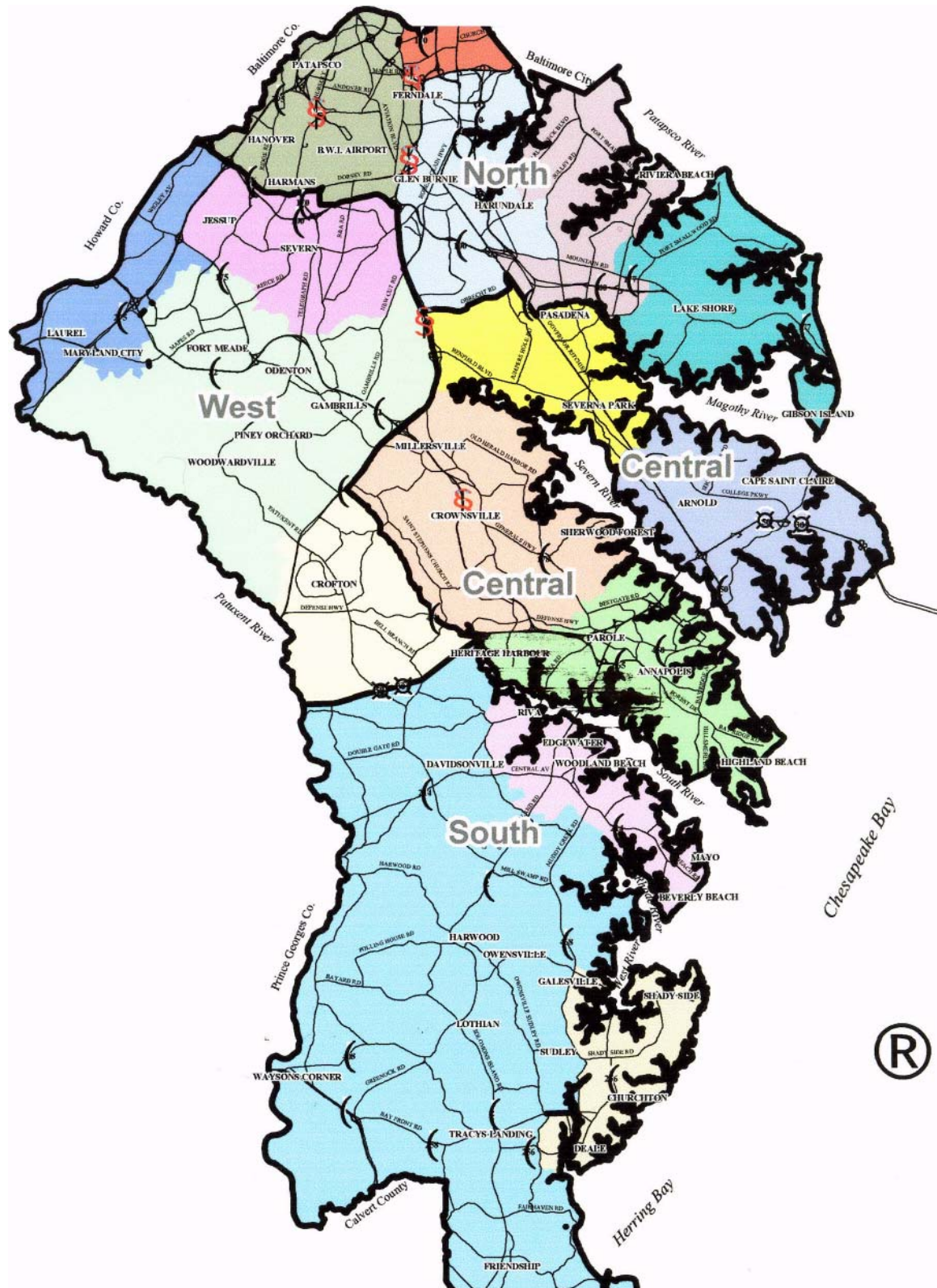
Service providers are individuals who are employed in agencies or organizations currently providing services to children and families in the county and may be receiving funds from the LMB. Information was obtained from these two groups using structured interviews. This method was chosen because it provided the opportunity to obtain an inside view about the needs of children and families gained from their delivering services and also acting as advocates. They were in a position to provide in-depth information about reasons or causes and provide further clarification about ideas and information circulating in the community.

Focus group discussions were conducted to allow individuals gathered in a face-to-face and non-threatening setting to express their views and opinions about issues that they deem to be significant for the community. This process allows a creative process to take place while allowing a more balanced opportunity for input and takes advantage of the knowledge and experience of all participants. Forty citizens came together in two groups in an open discussion forum in the northern and central areas of Anne Arundel County.

Finally one hundred surveys were distributed randomly to individuals currently residing in the county and caring for children between the ages of 0 - 17 years. Seventy-three surveys were completed and returned. The surveys were distributed through community centers, individuals participating in organizations and community based groups, and individuals using public services located in the four quadrants of the county – West County, South County, North County and Central County as shown in the County map on Page 4.

Valuable information can be obtained from talking to interested and concerned citizens and from understanding more about the demographics of the county when completing a needs assessment. Every effort was made to capture as much information as was possible within the time that was available so that the best possible representations of the issues could be made. A summary at the end of this report provides the conclusions drawn from the information gathered using the five sources for gathering information. Recommendations are then made based upon these conclusions.

Anne Arundel County



Legend

* Four Survey Quadrants

Community Planning Areas

- Annapolis Neck
- Broadneck
- Brooklyn Park
- Crofton
- Crownsville
- Deale/Shadyside
- Edgewater/Mayo
- Glen Burnie
- Jessup-Maryland City
- Lake Shore
- BWI/Linthicum
- Odenton
- Pasadena/Marley Neck
- Severn
- Severna Park
- South County

ANNE ARUNDEL COUNTY PROFILE

Understanding the basic demographic information about Anne Arundel County is important in assessing the needs of the citizens in the county. Fluctuation in the population can impact on the conditions existing in communities. Being aware of the composition, size, age, ethnic breakdown and socio-economic conditions are crucial elements in considering future directions. Census data can provide a very good description of population growth or decline and can provide information about the reasons why the change has taken place. This data can be used to make some comparisons between and among communities within the same jurisdictions. What follows is information that will provide a limited county-wide demographic profile using selected data elements configured according to the four survey quadrants that are considered to be important in understanding the make up of Anne Arundel County.

POPULATION¹

Area	1990	2000	Growth	Decline
North				
Brooklyn Park	13,664	13,642		- 22
Glen Burnie	72,016	74,807	+ 2791	
Lake Shore	24,371	26,073	+ 1702	
Linthicum	18,413	17,072		- 1341
Total	128,464	131,594	+ 4493	- 1363
West				
Crofton	18,107	26,883	+ 8,776	
Jessup\Md. City	14,441	20,522	+ 6,081	
Odenton	28,852	38,232	+ 9,380	
Severn	27,957	35,418	+7,461	
Total	89,357	121,055	31,698	
Central				
Annapolis Neck	55,137	59,391	+4,254	
Broadneck	36,235	40,480	+4,245	
Crownsville	17,108	20,396	+3,288	
Pasadena\Marly Neck	27,239	33,239	+6,000	
Severna Park	32,380	35,367	+2,987	
Total	168,099	188,873	20,774	
South				
Deale\Shady Side	8,638	10,733	2,095	
Edgewater\Mayo	14,550	16,884	2,334	
South County	18,131	20,518	2,387	
Total	41,319	48,135	6,816	
Grand Total	427,239	489,657	+ 63,781	-1363

Chart 1. Population growth by Small Planning Areas separated into the four quadrants

According to the Maryland Department of Planning, the overall population for Anne Arundel County in 2003 has increased to 506,620. This represents an increase of 16,963 individuals during a three year period (3.34%). Clearly the continuing increase in the growth of persons moving to Anne Arundel County presents potentially many challenges to the county's ability to respond to their needs. It is important to keep in perspective the rate of growth as decisions are being made about what services will be needed.

¹ **Anne Arundel Demographic News**, Anne Arundel County Office of Planning and Zoning, Small Planning Areas, July 2001.

Another important characteristic of a population is the race and ethnic origin of its people. Race reflects in many respects how people identify themselves and is sometimes used as a key factor in determining how government programs are defined and funded. Understanding the shifts in population as evidenced by racial breakdown can provide a more in-depth appreciation for differences in service delivery methodology. Language and cultural differences among segments of the population present challenges that must be addressed when programs are being developed. In Anne Arundel County the white population makes up the majority (81%). As is happening in the State and nationally, this county is becoming more ethnically diverse. In the 2000 census, African Americans make up 13.57%, Asian/Pacific Islander is 2.36%, Native American is 0.30%, and other races are 0.85%. In 2000 the most dramatic change occurred in the growth in individuals of Hispanic origin living in the county. From 1990 to 2000 the Hispanic population in the county went from 6,705 to 12,902, an increase of 92.42%, moving them to 2.63% of the population in the county. Chart #2 provides a picture of the population by race when configured by the four county quadrants.

Population By Race and Hispanic Origin²

Area	White	Non-White	Black or African American	American Indian/Alaskan Native	Asian/Pacific Islander	Other Race	Multi-Races	Hispanic/-Latin Origin
<i>North</i>								
Brooklyn Park	11,869	1,617	1,264	62	219	72	156	209
Glen Burnie	56,857	16,392	12,499	273	2,772	848	1,559	2,219
Lake Shore	24,800	990	593	105	229	63	283	264
Linthicum	15,758	1,139	609	60	408	62	175	205
Total	109,284	20,138	14,965	500	3,628	1,045	2,173	2,897
<i>West</i>								
Crofton	24,199	2,334	1,501	65	626	143	350	636
Jessup\Md. City	10,479	9,597	8,393	60	913	231	445	656
Odenton	26,964	10,018	7,960	159	1,260	639	1,249	1,878
Severn	21,617	12,791	10,688	125	1,522	455	1,011	1,212
Total	83,259	34,740	28,542	409	4,321	1,468	3,055	4,382
<i>Central</i>								
Annapolis Neck	43,324	15,128	13,020	97	1,053	959	939	2,901
Broadneck	36,440	3,447	2,541	66	599	241	593	831
Crownsville	18,312	1,843	1,389	64	310	80	240	321
Pasadena\Marly Neck	30,936	1,939	1,264	115	425	135	364	460
Severna Park	32,547	2,483	1,429	60	881	113	337	412
Total	161,559	24,840	19,643	402	3,268	1,528	2,473	4,925
<i>South</i>								
Deale\Shady Side	9,503	1,091	978	31	52	30	139	133
Edgewater/Mayo	16,140	535	341	46	115	33	209	302
South County	18,045	2,237	1,960	67	151	60	236	264
Total	43,688	3,863	3,279	144	318	123	584	699
Grand Total	397,790	83,581	66,429	1,455	11,535	4,164	8,285	12,903

Chart 2. Race and Hispanic Origin by Small Planning Areas as configured into the four survey quadrants.

² Anne Arundel Demographic News. U.S. Census Bureau, 2000 Census of Population and Compiled by the Anne Arundel County Office of Planning and Zoning, August 2001.

Understanding the breakdown in the ages of children in Anne Arundel County is an important statistic because of the emphasis on services to children between the ages of 0 – 5 years. Knowing whether the number of children in this age group is increasing as the population continues to grow is an important variable in setting the course for the future. Age is an important demographic factor because much of the activity in communities is driven by the ages of the children. For example, building of schools, child care centers, recreational programs are driven by the numbers and ages of children in the community that will be utilizing those services. According to the 2000 census data there was an overall growth in the number of school age children in the county. “The largest growth occurred in the Odenton area. Crofton, Pasadena/Marley Neck and Glen Burnie also showed a significant growth in school age children.”³ In Chart 3 the breakdown shows the population of children in 2000 in the four designated quadrants. In 1990, there were 31,747 children in the 0-4 age range, a growth of slightly more than one thousand children. There was an increase of 5,408 for the 5 – 9 year group, a 6,668 growth in the 10 – 14 year old group and a 5,036 increase for the 15-17 year old group.

Population by Age⁴

Area	Under 5	5 – 9	10 – 14	15 – 17	School Age
North					
Brooklyn Park	748	935	1,054	572	2,561
Glen Burnie	5,086	5,116	5,159	2,851	13,364
Lake Shore	1,456	1,835	2,159	1,208	5,202
Linthicum	803	1,055	1,221	646	2,922
Total	8,093	8,941	9,593	5,277	24,049
West					
Crofton	2,288	2,256	2,131	1,063	5,315
Jessup\Md. City	1,193	990	825	676	2,613
Odenton	4,072	3,798	3,155	1,606	7,943
Severn	2,611	2,988	2,932	1,634	7,516
Total	10,164	10,032	9,043	4,979	18,607
Central					
Annapolis Neck	3,565	3,294	3,110	1,818	8,229
Broadneck	2,721	3,194	3,357	1,990	8,541
Crownsville	735	855	919	534	2,969
Pasadena\Marly Neck	2,475	2,490	2,649	1,375	6,510
Severna Park	2,238	2,781	3,168	1,769	7,716
Total	11,734	12,614	13,203	7,486	33,965
South					
Deale\Shady Side	756	811	840	482	2,087
Edgewater/Mayo	1,198	1,199	1,358	787	3,042
South County	1,138	1,389	1,639	886	2,385
Total	3,092	3,399	3,837	2,155	7,514
Grand Total	33,083	34,986	35,676	19,897	84,135

Chart 3. Age by Small Planning Areas as configured into the four survey quadrants.

³ Anne Arundel Demographic News, Issue 3: Population by Age, Anne Arundel County Office of Planning and Zoning, October 2001.

⁴ U.S. Census Bureau, 2000 Census Population, Anne Arundel Office of Planning and Zoning, Small Planning Areas, Anne Arundel Demographic News, October 2001.

In the last fiscal year there were 72,969 children enrolled in the public schools in Anne Arundel County, a slight decrease in the enrollment from the prior school year when the enrollment was 73,990 children (see Chart 4). Anne Arundel County population is generally well-educated with more than 80% of its population over the age of 25 being high school graduates. The public schools system includes seventy six (76) elementary schools, twenty one (21) middle schools, eighteen (18) high schools. School enrollment and successful completion of school is an important variable to be considered in looking at the overall health and stability of the children in the county.

IV. PUBLIC SCHOOL ENROLLMENT⁵

Chart 4. Public School Enrollment in Anne Arundel County		
Grades	Number Enrolled 2001 – 2002	Number Enrolled 2002 – 2003
Grades K – 5	33,755	32,406
Grades 6 - 8	18,205	18,172
Grades 9 – 12	22,030	22,391
Total	73,990	72,969
Graduation Rate	81.44%	83.68%

According to the Maryland State Department of Education in the 2003-2004 school year, statewide “57 percent of children who came from prekindergarten to kindergarten, were evaluated as being “fully ready” on the Composite score. Almost six out of ten children coming from child care centers to kindergarten were considered “fully ready.” And, 45 percent of exiting Head Start children were rated “fully ready” by the kindergarten teachers.”⁶ The Composite Score represents the rating when the seven evaluated areas are combined to give an overall measure of school readiness. The seven areas are Social & Personal, Language & Literacy, Mathematical Thinking, Scientific thinking, Social Studies, The Arts, and Physical Development. Chart 5 shows the Composite scores for kindergartners in the State of Maryland and Anne Arundel County for school year 2003-2004. The scores show the percentage of students that enter having achieved the expectations fully, are approaching the level or are still developing. As can be noted in the statistics Anne Arundel county kindergarten students were just slightly under the state for all groups except Asian/Pacific Islanders. Improving the school readiness levels for all children is a major area for emphasis for the LMB. Supporting programs and services that help children to be successful upon entering school is a major goal for the LMB.

⁵ Data obtained from the Anne Arundel County Department of Education, Student Support Services, March 2004.

⁶ School Readiness Information, 2003-2004 School Year by State & County, Maryland /State Department of Education, 2004.

Chart 5 Percentage of Kindergarten Students Meeting School Readiness Expectations by Race and Composite Score⁷						
Race/Ethnicity	Maryland			Anne Arundel County		
American Indian/Alaskan Native	51	41	8	50	33	17
Asian/Pacific Islander	64	31	5	65	32	3
African American	46	46	8	41	48	11
White	64	32	4	60	36	4
Hispanic	41	47	12	40	47	13

The Maryland 2001 Kids Count Factbook⁸ is the source for additional information about the number of children receiving other services and further broadens the demographic profile. Factors such as poverty level and family income, school completion and incidents of abuse and neglect are often indicators of conditions that give rise to the need for external interventions or supports. This information is useful as it sharpens the awareness about other needs that may impact on ways to help children, youth and families in the county.

- 11,893 children were living in poverty in the county in 1997.
- 15,110 children were enrolled in Medicaid in 2000.
- 3,795 infants and children were enrolled in the WIC programs in 2000.
- 521 births to teens in 1999.
- 546 cases of child abuse and neglect in 2000.
- 11,440 children are eligible for free/reduced price school meals in 2000.
- 9,923 child support cases in 2000.
- 5,193 Department of Juvenile Justice Intake cases in 2000.
- 172 juvenile arrests for non-violent crimes in 1999.

While this data gives us a limited view into some of the concerns and issues that impact the growth and development of children in the county, it is important to note that the experiences that children have are more often than not a reflection of the circumstances of their families. These statistics provide a look at some of the key demographic factors that reflect on the status of children and families in the county. According to the 2000 Census data the per capita income in Anne Arundel County is \$33,908 which is slightly higher than the \$33,482 for the State of Maryland. In 2003 there were 572 families enrolled in the Temporary Assistance to Needy Families and 1,890 children receiving assistance in the Family Investment Programs (FIP/TANF) in Anne Arundel County. While this number is less than the enrolled numbers in prior years, it still reflects a reality that some families continue to live with incomes below the poverty level. According to

⁷ School Readiness Information , 2003-2004 School Year by State & County, Maryland State Department of Education, 2004, Page B6 & B116.

⁸ Data taken from the Anne Arundel County Local Management Agency and Mental Health Agency Children and Adolescent Needs Assessment: FY 2003.

the Anne Arundel County Office of Planning and Zoning report, Anne Arundel County is a family oriented community with 72% of the households in 2000 composed of families.

Families by Household Types⁹

Chart 6. Families by household types as configured by the four quadrants					
Area	Male Householder Families	Female Householder Families	Total Single-Parent Families	Total Families	Proportion of Total Families
North					
Brooklyn Park	141	381	522	3,599	14.50%
Glen Burnie	845	2,513	3,358	19,000	17.67%
Lake Shore	210	376	586	7,380	7.94%
Linthicum	118	238	356	4,838	7.36%
Total	1,314	3,508	4,822	34,362	11.86%
West					
Crofton	180	649	829	7,533	11.00%
Jessup\Md. City	123	318	441	3,741	11.79%
Odenton	338	1,018	1,356	10,789	12.57%
Severn	322	1,133	1,455	9,509	15.30%
Total	963	2,538	4,081	31,572	12.66%
Central					
Annapolis Neck	320	1,736	2,056	15,052	13.66%
Broadneck	259	795	1,054	11,053	9.54%
Crownsville	69	160	229	3,913	5.85%
Pasadena\Marly Neck	324	653	977	9,012	10.84%
Severna Park	162	426	588	10,051	5.85%
Total	1,134	4,196	4,904	49,081	10.85%
South					
Deale\Shady Side	90	219	309	3,045	10.15%
Edgewater\Mayo	153	304	457	5,114	8.94%
South County	153	331	484	5,564	8.70%
Total	396	854	1,250	13,723	9.26%
Grand Total	3,807	11,096	15,057	128,738	11.16%

“Of the county’s 178,670 households, about 72.3 percent (or 129,193) were family households or families, including married couple families (102,197), and male (7,247) and female (19,749) householder families as well.”¹⁰ Anne Arundel County is following the national trend in that there is an increase both in the number and proportion of single parent families. The Office of Planning and Zoning data indicates that the Glen Burnie community, a part of the North County quadrant, has the largest number of single parent families – 3,358 or 17.7% of all families. Odenton and Severn have the highest numbers in the West County, 12.57% and 15.30% respectively. The Pasadena\Marley Neck and Annapolis area stand out with 10.84% and 13.66% respectively in the Central area. Chart 6 provides a breakdown of the single parent families with children less than

⁹ Anne Arundel County Demographic Data, Kui Zhao, County Demographer, Households and Families, Office of Planning and Zoning, November 2004.

¹⁰ Anne Arundel County Demographic Brief, Volume 5: Households and Families, Office of Planning and Zoning, Anne Arundel County, June 2002

18 years according to the 2000 Census. Because these are the families that often find themselves in situations requiring some type of support services or assistance it is important to gain a perspective about their numbers and where they are located when making decisions about where attention should be focused in directing services and resources in the county.

Information describing the demographics in the county provides useful information to assist the Board in carrying out its' responsibility of overseeing and guiding the work that puts in place an effective service delivery system for children, youth and families. Understanding the demographics as they relate to continuing areas of unmet need, the resources available and the extent to which the services address those needs provides critical information for LMB work.

Establishment of the Local Management Boards

Local Management Boards (LMB's) were mandated in 1990 to create a results-based interagency system of care for children, youth, and families at the local level.¹¹ This mandate was driven by a set of guiding principles established by the Maryland Partnership for Children Youth and Families. The guiding principles required that Maryland's systems of services for children, youth, and families be:

- “Responsive to the needs of the child’s family and coordinate services to the whole family;
- Culturally sensitive;
- Responsible and responsive to local needs;
- Results-driven, and based on multi-year planning;
- Comprehensive and community-based, with defined state and local responsibilities and authority;
- Fiscally responsible and flexible; and
- Prevention-and early-intervention focused.”¹²

LMB's are considered by the state to be "local stakeholders that are empowered to address the needs of and set priorities for their communities".¹³ Of interest to the state was stimulating increased emphasis on prevention and early intervention initiatives. LMB's were to be responsible for assessing the needs of their communities, working in collaboration with service providers, policy makers, citizens and community leaders to ensure that the needs of children and families were being met. LMBs serve as the local body for planning and decision-making, ensuring that services are coordinated and focused on improving the well-being of all children. In short they were to bring about system reform. Achieving systems reform meant that the focus would not be simply on

¹¹ Maryland Annotated Code, Article 49d., Section 11

¹² “Five-Year State Plan For Maryland’s Children, Youth, and Families,” Maryland Partnership for Children, Youth, and Families, July 2001.

¹³ Community Partnership, Local Management Boards, <http://www.ocyf.state.md.us/cgi-bin/htmllos.cgi/0441.4.3>

delivering services but would be on achieving positive results for children and families. To achieve this end LMBs were challenged to stimulate the development of services and to administer funds and evaluate the services in their communities by ensuring that measurable improvements in the well being of children were being realized.

The Anne Arundel County Local Management Board

The Anne Arundel County LMB was established by local legislation in 1993. The Board consists of sixteen members that meet monthly. The Board is comprised of the six mandated agencies listed below, citizen representatives comprising 49% of the Board and other agencies invited to participate including the Department of Recreation and Parks and the Anne Arundel County Police Department.

- Anne Arundel County Department of Social Services
- The Office of the County Executive
- Department of Juvenile Services
- Anne Arundel County Department of Health
- Anne Arundel County Public Schools
- Anne Arundel County Core Service Agency (Mental Health Services)

LMB mission
**To enhance the well being of
all children and their families
in the county.**

LMB purpose
**To ensure the
implementation of a local,
interagency service delivery
system for children, youth
and families.**

The Local Management Board sees its' responsibilities as fostering collaboration among the public and private agencies, planning for services, coordinating the use of resources and monitoring and evaluating the effectiveness of the programs while providing a forum for communication and advocacy on behalf of children and families in the county. The underlying theme of the reform was the advancement of the public and private partnerships that support community-based, family-focused services with the primary strategy being the development of a comprehensive and effective array of prevention services accessible to children and their families that result in socially, physically and mentally healthy citizens.

To become more focused given the various directives and mandates, in 2002 the Local Management Board developed a Strategic Plan laying out the agency's goals, objectives and activities for a three year period. This process allowed the Board to put together a cohesive and organized process for soliciting and awarding of grants to organizations interested in providing services. The LMB was committed to assuring that within all programs there will be an overarching concern and practice that all families regardless of race, culture, religion, gender, age, ethnicity, and sexual orientation be fairly considered in the distribution of available resources and services.

The LMB continues to be impacted by information and guidance coming from the State of Maryland's Office of Children, Youth and Families (OCYF). In the 2003 Maryland Partnership for Children, Youth, and Families annual report, OCYF detailed the "Maryland Results for Child Well-Being" indicators. The eight result indicators described the general well-being of children and families in the State of Maryland - those areas considered to be the most important for ensuring that children can grow up in a

healthy and secure environment. Adopting this approach meant that the State of Maryland was moving towards results-based services and accountability for outcomes to children. The intent was to have this process begin in the local subdivisions as new services and programs are being implemented. Using the information obtained during the needs assessment and the child well-being report, the LMB settled on three service strategies (see Chart 7 - highlighted goals) targeting families with children 0 – 5 years, impacting five of the eight child well-being indicators (see Chart 7). Services in the remaining three areas were being addressed through programs being provided by existing governmental agencies in the County. The 0 – 5 years group was given priority because it was felt that early intervention and prevention services for children in this age group would yield better results for ensuring the long-term stability and improved functioning of families.

Child Well-Being Indicators and Strategic Goals

Chart 7 State Well Being Indicators and County Service Strategic Goals	
Maryland State Results Areas	Anne Arundel County LMB Primary Strategic Goals
I. Babies born healthy	Services are being primarily provided through the Health Department and other private medical service providers.
II. Healthy children	Services are being provided through the Health Department, the Core Mental Health Agency and other private medical service providers.
III. Children enter school ready to learn	Every student in AA County completes high school having attained knowledge and skills to enter the workforce or post-secondary education.
IV. Children successful in school	
V. Children completing school	
VI. Children safe in their families and Communities	Anne Arundel County has a full array of effective and accessible community-based services to meet the mental health needs of its children and families.
VII. Communities which support family life	Anne Arundel County has a comprehensive and effective array of prevention services accessible to children and their families that result in socially, physically, and mentally healthy citizens.
VIII. Stable and economically independent Families.	Services are provided by the Department of Social Services, the Core (Mental Health) Agency, Department of Recreation and other government agencies.

The Anne Arundel County Community Partnership

A Community Partnership local planning team was created after completing the initial community needs assessment. Based on the results of the community needs assessment and recommendations from the local planning team an agreement for funding was negotiated with the Office of Children, Youth and Families. This allowed the LMB to enter into a five year agreement with agencies and organizations to ensure that certain services would be provided and that certain outcomes would be met. As a result of the Community Partnership Agreement, eleven core agencies joined together in a collaborative effort to provide new or enhanced programs in the county. The Community Partnership agencies and the services that they are providing are identified in Chart 8.

Community Partnership Initiatives

Chart 8 Multi-Year Community Partnership Initiatives		
<i>Community Partnership Agency</i>	<i>Program Being Provided</i>	<i>Description of the Service</i>
Anne Arundel Community College	Behavioral/Emotional Support & Training (B.E.S.T.)	Behavior Specialist that works with child care providers and parents to enable children with difficult behaviors to be maintained in regular childcare settings.
	Training	Training opportunities in behavior and classroom management for child care providers.
Anne Arundel County Public Library	Library Parenting Centers	Parenting and Resource Centers in 17 county libraries where educational materials, programs and workshops are provided about parenting, child development including understanding baby brain development, reading and discussing family issues.
The Family Tree	TOTS Line	Information telephone line to provide developmental guidance and referrals to community-based resources to parents of newborns to 5 year olds.
	Parenting Classes	Parenting classes provided at Family Support Centers and local libraries.
Child Care Connection	Newsletter - Child Care Times	Quarterly newsletter providing articles, training and general information for child care providers.
YWCA of Annapolis and Anne Arundel County	Moms and Tots	Parenting workshops, group activities and a mobile resource library for at-risk moms and their preschool children.
Infants and Toddlers	Autism Behavioral Technician Project	Early intervention strategies for children ages 0– 3 with autism spectrum disorder providing developmentally appropriate activities to parents in the home.
Dept. of Social Services – Annapolis/Glen Burnie Family Support Centers YWCA – West County Family Support Center	Home Connections	A consortium of in-home visitors, providing early childhood information, training and technical assistance for parents or others caring for children with special needs and school readiness concerns.
United Way of Anne Arundel County	Success by Six	Home visitation service to provide parenting skills training and information to young parents focused on Maryland’s school readiness model.

With each program the emphasis was on reaching children at the earliest possible age, ensuring that children entered school ready to learn and that each child completed school prepared to be self-sufficient.

As a part of the implementation process for this Multi-Year Community Partnership Initiative work plans were initiated to ensure that performance could be monitored and goals would be met. Grants were awarded to agencies that developed programs and services supporting the strategy to develop a comprehensive array of prevention and early intervention services and other support services that were community-based. Monitoring and reporting systems were put in place to enable the LMB to have up-to-date data about the performance by each agency and to make adjustments or changes if necessary. Where needed technical assistance was provided to correct and overcome any problems that developed. Meetings were held with agencies to ensure that information was being shared among them and resources were being coordinated.

The statistics of some programs for a two year period – fiscal years 2000 and 2003 - is being provided to demonstrate their utilization and to show the extent of use of the service in a two year period. For each targeted state result area the service that is being provided has been identified along with the statistics on the number of individuals that have received the services during the two periods. Statistics for each program were provided by the senior agency official or the director. A brief description is being provided of the services offered and how it relates to the service strategy.

- ***Every child in Anne Arundel County enters school ready to learn.***

These programs provide new or enhanced parenting skills and an opportunity to give children early access to fundamental skill development and socialization. Additionally parents have increased access to quality child care services for preschool age children. The overall goal was to help better prepare these children for entering Pre-K or kindergarten ready to learn while providing them with a safe and supportive child care environment. All of these programs provide services to help families with children with various developmental disabilities in areas such as cognitive, communicative or social and emotional development. They provide families with early intervention services and linkages to a wide array of intensive services in their communities. For example, the Infants and Toddlers program provides families with consultations by a highly trained developmental pediatrician, specialized consultation for children with behavioral and sensory processing disorders, parent support groups, parent-to-parent hook-ups and special events for parents and siblings.¹⁴

The Early Head Start Program is another service designed to provide early intervention by helping young parents develop the skills, knowledge and experience for rearing young children. According to the Anne Arundel County Consolidated Plan report in 2000, Anne Arundel County has three Head Start Centers that were licensed to serve 166

¹⁴ Infant and Toddler's Program, annual report for FY 2003, July, 2003.

preschoolers.¹⁵ Head Start programs serve three and four year olds and operate for half day sessions. During FY 2000, fifty children were being provided services through the Early Head Start program in the Deale–Shadyside communities located in the South County area. A unique feature of this program was the in-home visitation component which made it possible for face-to-face training and discussions with young mothers. This was especially helpful for mothers with children with developmental disabilities. Once again looking at the number of children in this age range, approximately 33,000, it is quite evident that only a very small fraction of the population has access to these services. If one assumed that only ten percent needed these services (3,300), it is evident that the number currently being served is no where near this number.

Chart 9 LMB Program or Service	Number of Families Provided Services ¹⁶	
	FY 2000	FY 2003
TOTS Line	347	577
Child Care Connections	N\A	1100 ¹⁷
Infants & Toddlers	665	842
Early Head Start	50	70

- *Every student in Anne Arundel County completes high school having attained knowledge and skills to enter the workforce or post-secondary school.*

These programs provide services that help keep children in school during the very early years and work to reduce the number of pre-school and primary level children being suspended from school or being removed from child care programs. These services not only support the child but also provide guidance and assistance to teachers, child-care providers and parents to help them better manage and care for the children.

School readiness indicators provide information that can be used to help children achieve success in school. Getting started at the kindergarten level provides a better foundation for ensuring that children will complete school. The Maryland State Department of Education tracks the readiness levels for children entering kindergarten annually. According to their report for school year 2003-2004, “Maryland students entering kindergarten this school year were better prepared than those in the past. The percentage of incoming kindergartners considered by their teachers as “fully ready” went from 52 to 55 percent of all children.”¹⁸

¹⁵ Anne Arundel County Maryland, Consolidated Plan – FY 2001-FY 2005, June 1, 200, page 128.

¹⁶ Statistical data was provided by key agency officials.

¹⁷ Statistical data represents the number of persons seen in face-to-face contacts. In the prior period contacts were completed by telephone.

¹⁸ “School Readiness Information, 2003-2004 School Year by State & County, Maryland State Department of Education, 2004.

Chart 10 LMB Program or Service	Number of Families Provided Services	
	FY 2000	FY 2003
B.E.S.T Program	33	140
Anne Arundel Community College Child Care Training Institute	14 (classes)	16 (classes)
Success by Six	18	25

- *Anne Arundel County has a full array of effective and accessible community based services to meet the mental health needs of its children and their families.*

Programs funded in this area provide assessments, counseling and other support services to children that have mental health problems severe enough to cause some level of impairment. Although not enough to meet the total need, a great majority of mental health services are coordinated through the Core Services Mental Health Agency for the county. These statistics show that there are an increasing number of children in the 6 -12 and 13 – 17 year age groups that are receiving mental health treatment of some type. The numbers of children and youth statistics shown in the Chart below represent the number of residents who received publicly funded mental health services during this period. Some of the services included are case management, crisis management, inpatient and outpatient services, residential treatment services and respite services. It is worth noting that one of the most requested services by parents but least available is respite services. The largest group of services provided was outpatient treatment services. For example in FY 2002, of the 1,414 services provided to children in the age range 0 – 5 years, 1,207 services were provided as outpatient services.

Chart 11 Age Range	FY 2000		FY 2002	
	Number Served ¹⁹	Units of Service Provided ²⁰	Number Served	Units of Service Provided
0 – 5 Years	153	1,962	159	1,414
6 – 12 Years	837	23,669	934	29,823
13 – 17 Years	534	20,978	806	27,694

¹⁹ Anne Arundel County Mental Health Agency (January 2003), Mental Health Partners: Report C7-04170.

²⁰ Anne Arundel County Local Management Agency and Mental Health Agency Children and Adolescent Needs Assessment: FY 2003 pages 150-153.

- *Anne Arundel County has a comprehensive and effective array of prevention services accessible to children and their families that result in socially, physically and mentally healthy citizens.*

Programs in this area were focused on prevention and intervention services. Prevention services included activities that helped families address their problems before reaching the point of a breakdown. Support services were aimed at stabilizing situations for families and providing interventions to address needs where families lacked the resources. Some of the most requested prevention services include parent training and self-help support groups. Kinship support groups are seen as community-based and effective interventions that offer caregivers resources and practical solutions such as group counseling and help with child discipline and behavior problems.

Chart 12 LMB Program or Service Provider	Number Provided Service ²¹	
	FY 2000	FY 2002
Interagency Family Preservation Services	143 (F) 395 (C)	149 (F) 358 (C)
The Family Tree - Parent Support Services	N\A	544 ²²
YWCA - Kinship Support Groups ²³	68 (CG) 146 (M)	46 (CG) ²⁴ 56 (M)
Family Support Centers of Annapolis, Glen Burnie & West County	219 (CG)	411(CG)

The oversight of the LMB is focused on assuring that the services by these agencies are resulting in good outcomes for children. As the planning moves forward there is the need to regularly determine whether the priorities that were established should continue or change in some way. At the same time the LMB is engaged in a process that reengineers the way services are being developed in the county. It was important that the agencies and organizations work together to design and develop programs so that the use of county resources is maximized and duplication of effort is minimized. Reforming the way that government agencies work together is important as decisions are being made about the directions taken and the services offered. This update to the needs assessment of the children and families in the county is intended to allow the LMB to continue to respond to this concern.

²¹ (F) = Families; (C) = Children; (CG) = Caregivers; (M) = Meetings

²² Figure represents face-to-face contacts and educational group presentations to parents from September 2003 - March 2004. Prior to this time information was only provided over the telephone.

²³ Figures include number of meetings (M) and caregivers (CG). There were only two groups meeting during the 2002 period.

²⁴ Figures reflect a reduction in the number of groups due to the loss of the funding grant.

The Report Findings

It was important to initially find out what the respondents believed were the most important needs of the families in Anne Arundel County. Stakeholders and service providers were interviewed separately. Interviews were conducted with eleven stakeholders and sixteen service providers. The stakeholders were agency representatives (21%), board members (36%), citizen representatives (14%), and government officials (29%). Service providers were either the director or a senior staff person for the Community Partnership agency. These interviewees provided their perspective on the unmet needs of vulnerable families in this county. These categories are not mutually exclusive as one person may function in more than one role. However, for this project, individuals were only interviewed in one category, as a stakeholder or service provider.

Most questions were opened-ended so their responses are shown in a chart or presented in a narrative description. In those situations where the questions were in a closed format or were part of the survey the results were tabulated and percentages were calculated and shown in a Table. In each section after presenting the findings, a brief discussion will be included followed by specific recommendations pertinent to the specific finding if appropriate.

In the FY 2003 Children and Adolescent Needs assessment completed by the LMB and the Mental Health Agency they found that there are many services in the county for this population but found that key elements of a continuum of care were missing. “The following concerns and needs were identified by their key informants:

- (1) There are limited mental health services for non-MA youngsters (underinsured);
- (2) Respite Care is not available in the county;
- (3) Resources are needed to maintain and expand a successful mentoring program;
- (4) A centralized mental health information and referral system is needed;
- (5) Step-down funds are needed to transition adolescents back into the community;
- (6) Crisis-in-home intervention services need to be continued;
- (7) Transportation to appointments and recreational activities is a problem;
- (8) There are no school-based mental health outpatient programs;
- (9) More support is needed for parents who feel overwhelmed trying to access and/or use the mental health system;
- (10) Need intensive outpatient services for children;
- (11) There is a need to provide intervention services earlier (“too little, too late”);
- (12) Consumer participation in evaluating services needs to be increased;
- (13) Resources for after-school programs, summer programs, recreational, social and community activities are minimal;
- (14) Mental health service\programs are limited for youngsters with co-occurring/ dual diagnosis, e.g., developmental disabilities and challenging behaviors, sexual offenders, substance abusers, etc; and
- (15) Long term treatment after inpatient/residential treatment center discharges is lacking.”²⁵

²⁵ Anne Arundel County Local Management Agency and Mental Health Agency Children and Adolescent Needs Assessment: FY 2003, Page 4

As interviews were conducted during this process, attention was given to their views about some of these same areas. An important consideration was whether or not there was any perceived change in any of these needs. As will be noted in this report all of these problems continue to be major concerns for families in the county.

Unlike the prior assessment the focus of this need assessment is primarily children in the age range of 0 – 5 years. It was, however, important where possible to gather information with respect to the older age groups (6-11 years and 12–18 years) so that issues of concern could be identified for consideration in the future. As will be noted in these findings many of the identified needs from the prior needs assessment will once again be identified as a continuing need in the county. Most of the findings of this report, however, will address specifically the needs and resources presented for children in the 0–5 age group because most of the attention for the LMB over the last several years has been directed towards the younger children. As the LMB considers future directions for setting priorities, children in the latter two age groups will also need to be given focused attention as well.

The findings for the service and resource needs will be presented for each of the age groups listed below along with recommendations where appropriate. These needs are considered from the perspective of the child and the family. For each group the views and opinions of the four groups of interviewees (providers, stakeholders, focus groups and parents) will be discussed as appropriate.

- services currently available in the community
- service needs of the families and children 0 – 5 years
- resource needs of families and children 0 – 5 years
- services and resource needs for children 6 -11 years
- services and resource needs for youth 12 – 18 years
- concerns for children of all ages

At the end of the report is an overall summary of the findings along with specific reference to some positive outcomes for families and children in the county.

Findings for Families and Children between the ages of 0-5 years

Services provided in the community

Service providers were interviewed and asked their opinion about the needs of the families with children in their programs. All of the service providers interviewed are a part of the Multi-Year Community Partnership Network in Anne Arundel County. In some situations services are being provided to the parent enabling them to better care for their child while others are being directly provided to the child.

Stakeholders were also asked a similar question. Forty-five percent (45%) of the stakeholders currently provide services for children between the ages of 0-5 years, while 55% do not. Most of the stakeholders were advocates for or on behalf of vulnerable families while also helping to develop services and resources where needed for children of all ages.

The services listed in Chart 13 are currently being provided in the community for families that are in need of these services to help them better care for their children. Some agencies provided more than one service and served families with children of all age groups although for the group of service providers the majority of the services were for families with children in the 0 – 5 age group.

Chart 13 Services Provided in the Community		
Type Service	Service Providers	Stakeholders
Summer camp –Preschoolers to middle school	✓	
Academic supports, therapy, counseling, family outreach	✓	
Educational services for children 5 years and older	✓	✓
In-home support services to young parents	✓	
Training to help parents (“Born to Learn Curriculum)	✓	
One-on-one counseling, guidance and support to parents	✓	✓
Psychotherapy	✓	
Outreach to Korean, Asian and Latino communities	✓	✓
Immigration issues		✓
Legal problems and issues		✓
Gatekeepers for family preservation	✓	✓
Support for military families		✓
Train the trainer sessions	✓	✓
Supportive therapy for children	✓	✓
Police and security protection		✓
Community-based services		✓
Health care training		✓

Fifty-five percent of stakeholders believe that Anne Arundel County provides a comprehensive array of prevention services to meet the needs of the children 0-5 years while forty-five percent do not (see Table 1 below). Yet others indicated that while they think Anne Arundel County provides early intervention programs such as Early Head Start, in home visitation and programs for children with special needs, they often are not easily accessible to many of the families that need them the most because of the lack of public transportation. Services are often only available during the day when parents are at work. Their ability to access services without causing financial hardships is limited. Stakeholders and service providers also felt that some parents are not mentally or emotionally able to use the services that are available even if the services were accessible. During the interviews some respondents also indicated that Latino and Asian children are currently being under served and are limited because of the language barriers.

Table 1 Anne Arundel Stakeholders Opinions About Services being provided to Children			
Stakeholder Response	Number Responding	Percent Yes	Percent No
Currently provide services to children between 0-5 years	11	45.5%	54.5%
Indirectly involved in providing services to children between 0-5 years	11	81.8%	18.2%
Believe priority should be given to those services that support early child development in Anne Arundel County	11	81.8%	18.2%
Believe Anne Arundel County provides a comprehensive array of prevention services for families and children 0-5 years	10	54.5%	45.5%
Believe Anne Arundel County provides a comprehensive array of prevention services to families and children beyond age 5.	11	9.1%	90.9%
Believe that services are easily accessible for vulnerable families.	11	9.1%	90.9%

Services needed by families

Service providers were asked to identify the most important needs for parents with children between the ages of 0-5 years and to identify whether in their experience they believed that the services were needed, were being provided or whether they were not available. Since these respondents were expected to have significant awareness of and knowledge about these services because of their jobs or their involvement in the community, it was expected that they would have a firm opinion about their existence or not. Table 2 shows that most service providers felt that the identified services were needed and that many were being provided. The top eleven services (52.4%) needed were respite care, parent aide services, individual and family counseling, parent training, transportation, medical assistance for children, training to care for special needs and medically fragile children, psychiatric counseling and mentoring services. The other

services identified as being needed constituted 42.8% were a mixture of child care, financial and legal assistance, and training and support groups while another 4.8% identified other unspecified service needs.

Type of Service	Services Needed Percent (n=16)		Services Provided Percent (n=16)		Services Not Available Percent (n=16)	
	Yes	No	Yes	No	Yes	No
	Respite Care	93.8	6.2	31.2	68.6	68.8
Parent Aide Services	93.8	6.2	31.3	31.2	68.8	31.2
Child Care	87.5	12.5	56.2	43.6	43.8	56.2
Individual Counseling	93.8	6.2	87.5	12.6	12.5	87.5
Family Counseling	93.8	6.2	75.0	25.0	18.8	81.2
Parenting Training	93.8	6.2	100.0	0	0	100
Financial Assistance	87.5	12.5	25.0	75.0	75.0	25.0
Emergency Funds	87.5	12.5	37.5	62.5	62.5	37.5
Transportation	93.8	6.2	75.0	25.0	31.3	68.7
Legal Assistance	87.5	12.5	31.3	68.7	68.8	31.2
Medical Assistance for Children	93.8	6.2	25.0	75.0	68.8	31.2
Assistance with School Problems	87.5	12.5	81.3	8.7	18.8	81.2
Parent training for caring for special needs children	93.8	6.2	62.5	37.5	37.5	62.5
Training to care for medically fragile children	93.8	6.2	43.8	56.2	56.3	43.7
Training to care for children with behavioral & emotional difficulties	87.5	12.5	75.0	25.0	25.0	75.0
Support services for children w/ behavioral & emotional problems	87.5	12.5	62.5	37.5	25.0	75.0
Psychiatric counseling Services for families	93.8	12.5	43.8	56.2	56.3	43.7
Mentoring Services	93.8	6.2	62.5	37.5	37.5	62.5
Assistance with Affordable Housing	87.5	12.5	18.8	81.2	81.3	8.7
Family Support Group	87.5	12.5	68.8	31.2	37.5	62.5
Other Services	6.3	93.7	12.5	87.5	6.3	93.7

They also believe that a number of services such as respite care, parent aide services, financial assistance, training to care for medically fragile children and assistance with affordable housing were not available to those who needed them. One interesting result was their response to the issue about parenting training. Ninety three percent felt that parenting training was needed and all of the service providers (100%) felt that this kind of training was available but believed that it was not available to those who most needed this kind of training. Instead they believe that the training only reaches a small segment of the population that needs it. Stakeholders had similar responses to these questions. When both groups were asked to identify the most important service needs of families they identified the following.

Chart 14 Most Important Services Needed by Families as Viewed by Service Providers and Stakeholders		
Type Service	Service Providers	Stakeholders
Support for families with children for the times when they are not in school.	✓	✓
Services for parents that teaches parenting skills and child development.	✓	✓
Psychological testing and assessment, and emotional support.	✓	✓
Child care for all ages.	✓	✓
Economic support, financial assistance and help getting jobs.	✓	✓
Affordable housing	✓	✓
More flexible work environment	✓	✓

Most of the services identified in the above chart correspond to the kind of services that are being provided by agencies and organizations in the community. However, as was noted in the prior needs assessment the issue is more related to there not being a sufficient quantity and there being limited access for those most in need of the services. It would seem that the services that are needed by families do exist in the county but they are limited in their availability especially to the most vulnerable. The challenge then becomes finding additional resources to expand and replicate these needed services in areas of the county where the need is not being met.

Services provided to children in the community

Both the stakeholders and service providers believe that priority is being given to one of the most important services needed by children in the county - early child development services for young children. They also believe that many young parents need help in rearing children and that they continue to need support services that strengthen their “inner self” and enable the children to be kept safe and secure. These services are being provided by agencies in the Community Partnership Network as well as by others in the county and they continue to support the established LMB service strategies. They continue to focus support on meeting the needs of families and parents with young children.

Chart 15 Services being Provided to children in the Community		
Type Service	Service Providers	Stakeholders
Intensive skill building activities for children.	✓	✓
Pre-kindergarten services in some schools.	✓	✓
Specialized services to children needing special education services.	✓	✓
Day care and other types of child care.	✓	✓
In-home tutors for students with special problems.	✓	✓
Sessions to teach parents how to have better parent-child communication.	✓	✓
Special services for children with behavioral problems.	✓	✓
Second step services to improve social skills through role playing activities.	✓	✓
Family counseling and family support services.	✓	✓
Services to families needing English as second language training.	✓	✓

Services needed by children

After identifying what the two groups thought were the services currently being provided for children, attention was then turned to the service they felt were needed by the children. Once again though the need was perceived to be high, the services were thought not to be available to the children in some critical areas. Services such as dental, optometry, financial assistance, and access to prescription medicines for behavioral or emotional problems were felt to be the least available by the service providers.

Type of Service	Services Needed Percent (n=16)		Services Provided Percent (n=16)		Services Not Available Percent (n=16)	
	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
	Medical Care	93.8	6.2	31.3	68.7	68.8
Medical Assistance	93.8	6.2	31.3	68.7	68.8	31.3
Educational Assessment	87.5	12.5	43.8	56.2	50.0	50.0
Mental Health Assessment	93.8	6.2	50.0	50.0	50.0	50.0
Dental Assessment	87.5	12.5	25.0	75.0	75.0	25.0
Optometry Services	81.3	18.7	18.8	81.2	81.3	18.7
Group Counseling	93.8	6.2	56.3	43.7	43.8	56.2
Individual Counseling	93.8	6.2	56.3	43.7	43.8	56.2
Transportation	93.8	6.2	68.8	31.2	31.3	68.7
Child Care	6.3	93.7	50.0	50.0	43.8	56.2
Early Child Development	6.3	93.7	81.3	18.7	12.5	87.5
Clothing	87.5	12.5	56.3	43.7	43.8	56.2
Mentoring	81.3	18.7	6.3	93.7	31.3	68.7
Financial Assistance	81.3	18.7	6.3	93.7	75.0	25.0
Emergency Assistance	87.5	12.5	50.0	50.0	50.0	50.0
Screening for behavioral and emotional problems	100.0		62.5	37.5	37.5	62.5
Prescription for behavioral and emotional problems	81.3	18.7	25.0	75.0	75.0	25.0
Diagnostic/Evaluation Plan for behavioral and emotional problems	81.3	18.7	37.5	62.5	43.8	56.2

Another area of common concern was the perception of child safety from abuse, neglect or other acts of violence. Service providers, stakeholders, and parents believe that children are generally safe in their homes and communities in Anne Arundel County but that it can vary when you are looking at abuse or neglect of children. Fifty-five percent believe that children are safe from abuse while 27% do not. Only 46% believe that children are safe from neglect, while 36% do not. Seventy-three percent of stakeholders believe that children are safe from death due to injury, while 9% do not. Sixty-four percent of stakeholders do not believe that children are safe in their homes from domestic violence while 18% believe that they are safe (See Table 4). Stakeholders and service providers indicated that abuse, neglect, and domestic violence are the areas of greatest concern with respect to the safety of children in their homes and communities. In the focus group discussions the participants felt that neglect was the most prevalent problem affecting children of all ages. Some participants in each group did not respond to this question because they were not directly providing services and did not want to render a specific opinion on this subject.

Table 4 Safety of Children in Their Homes and Communities by Service Providers and Stakeholders (N = 37)			
Question	Percent Yes	Percent No	No response
Abuse	54.5%	27.3%	18.2%
Neglect	45.5%	36.4%	18.1%
Death due to injury	72.7%	9.1%	18.2%
Domestic Violence	63.6%	18.2%	18.2%

Since the Service Providers are involved in providing some of the critical services their views about the ones that are most important would be most useful to include in this report. They identified eight service needs they thought were most important for children in this county. Service providers in general were more interested in those services that most often influence or change a child’s basic behavior through the integration of socialization and play. They felt that these kinds of services would have greater impact on achieving long-term improvements for children. Of great concern to the service providers was providing greater access to services for minority children of all ages. The services that they felt were most important were:

- Quality day care
- Full day kindergarten
- Exposure to reading materials and books
- Support groups for children 3-5 years to help with behavioral management
- Socialization and life skills
- School readiness stimulation
- Recreation for fun

Although the stakeholders and service providers could identify some effective and useful services that were helping parents with children 0 - 5 years, they clearly felt that there were others that were needed especially services that will help parents with children as they are transitioning into school. These are services that traditionally are considered to be the responsibility of the government. They also felt that there were others that could benefit more from support coming directly from community sources. Chart 15 identifies services that service providers, stakeholders and participants in the focus groups believe should be provided with government resources and with strong community involvement.

Chart 16 Services Needed by Families with Children 0 – 5 years that Public Agencies Should Provide by Service Providers and Stakeholders			
Type Service	Service Providers	Stakeholders	Focus Groups
Re-institution of the "Building Blocks" educational program	✓	✓	
Clearer policies governing school transitions	✓	✓	✓
More involvement of parents in the Individual Educational Plan (IEP) process	✓	✓	
Exit surveys when very young children are removed from school	✓	✓	✓
Alternative programs for students who cannot remain in the regular school system	✓	✓	
English language classes for children and parents	✓	✓	✓
Increased monitoring of child care facilities to ensure good quality child-care	✓	✓	✓
Well-child health services in minority communities		✓	✓
More structured recreation services for children all ages.	✓	✓	✓
Improved transportation services	✓	✓	✓

While stakeholders and service providers believe that some services should be supported with government funds, they also believe that it is important for the community to take an active role in helping to develop services to meet the needs of children and families. In fact, in some areas they felt that it was more important for the service to be initiated in the community. Through collaboration with community organizations strong community-based networks will develop, supporting activities that foster empowerment of families so that they can advocate on their own behalf. Focus group participants were especially interested in having community centers developed in those communities that are isolated from many of the resources they need. They believe that the presence of these centers in the communities will offset to some degree the lack of access to transportation services. It was their belief that these centers should be used as sites for locating the most needed services. Some of the service needs that they thought were important for community involvement are included in Chart 17. They expressed a concern that although these services need to be more community-based they should continue to receive their primary financial support from the local, state and federal government.

Chart 17 Services for Children 0 – 5 years Needing more Community Involvement as seen by Service Providers, Stakeholders and Focus Group Participants			
Resources Needed	Service Providers	Stakeholders	Focus Group Participants
Increased access to primary health care providers.	✓	✓	✓
Before and After School child care in sites accessible to schools.	✓	✓	✓
Increased collaboration between agencies when developing services	✓	✓	✓
Mentoring for school age children	✓	✓	✓
Multi-purpose centers in communities with limited access to transportation		✓	✓
Increased community access to church facilities.	✓		✓
Community fairs to make information available to all parents.		✓	✓
Expanded access to libraries especially in remote areas.	✓		✓
Community-based mediation services to resolve conflicts within and between families.	✓	✓	
Increased collaboration between agencies when developing services	✓	✓	✓

Overall stakeholders, service providers and focus group participants were consistent in their views about the needs of families and children. Support services, training and counseling ranked at the top of the list for all three groups. Considering the demographics for the county that shows a growing population of single parent households these three service areas will undoubtedly continue to be in demand.

Resources Needed by Parents with Children 0 – 5 years

In order for parents to be able to care for their children it is important that they have access to resources. Resources can take the form of funding for programs, technical assistance, training, leadership development, access to supplies and in-kind services. Sometimes the resources needed are available within their communities but often it must be acquired from other outside sources and sometimes the resources are there but are simply not accessible to those needing them. Stakeholders and service providers were asked what resources they believe parents need to care for their children and to identify those that they thought were needed but are not available. In Chart 18 the resources listed were considered to be important for all parents but especially critical for children needing to get an early start to support their success in school.

Chart 18. Resources Needed by Parents as Viewed by Service Providers and Stakeholders		
Resources Needed	Service Providers	Stakeholders
Health services for all ages especially young babies and toddlers.	✓	✓
Health consultation with parents with children needing special education and mental health services.	✓	✓
Training about child disabilities to improve parents' understanding.	✓	✓
Guidance to parents to help them become advocates.	✓	✓
Expanded Early Head Start.	✓	✓
Early childhood services training; counseling services for parents, especially for teenage parents.	✓	✓
Activities to help children become more focused in school.	✓	✓
Recreational activities for young children to enhance their socialization skills.	✓	✓
Preschool training programs that provide beginning exposure to English for non-English speaking children and families.	✓	✓

Lack of access to resources is a major issue throughout the county especially for the more vulnerable families. To deal with the unmet needs, both groups were asked whether they believed that there were resources available to meet these needs. The resources listed in Chart 19 were mentioned by service providers, stakeholders and by the individuals

participating in the focus group discussions as being most needed but often not available to the families.

Chart 19. Resources not Meeting the Current Level of Need as Viewed by Service Providers, Stakeholders, and Focus Group Participants			
Resources Needed	Service Providers	Stakeholders	Focus Group Participants
Funds for after school programs, transportation services and child care	✓	✓	✓
Family support services in general for parents with children of any age	✓	✓	✓
In-home parental support especially for non-English speaking families	✓	✓	✓
Step-down services for children with intensive needs	✓	✓	✓
Respite services for parents with disabled children	✓	✓	✓
After school and therapeutic recreational programs	✓	✓	✓
Affordable medical care and better health coverage.	✓	✓	✓

The information presented thus far in the report has primarily come from individuals actively involved in advocating for children or are directly involved in providing the services. The views and opinions from the surveys were completed by parents. One hundred (100) surveys were randomly distributed to parents in each of the four quadrants. Seventy-three (73) parents of children completed the needs assessment survey designed to obtain their perception about the extent to which the needs of their children were being met in Anne Arundel County. For some questions all seventy three parent responders did not answer all questions, however, the percentage responding was greater than sixty percent for all questions. The survey questions were structured to allow their responses to be specific to their individual perception of their family needs and circumstances.

From a list of possible problems they were asked to share whether they agreed, disagreed or did not know whether the problem existed. Respondents were asked a series of questions about various types of problems that may exist in the county. Parents were, also, asked to rate their perception of the effectiveness of prevention, intervention and after care programs (see Table 6, page 33). Finally, they were asked whether in their opinion child care availability was more prevalent in South County, West County, North County or Central County.

Findings from Parent Surveys

The findings in Table 4 shows the problems parents identified as existing in Anne Arundel County in 2004 impacting their ability to care for young children. A higher percentage of those responding identified the problems listed below in rank order. Parents identified more concrete needs and resources than the other three groups. The area where there was agreement by all was the lack of before and after school care. All four groups identified child care as a major resource needed with lack of access being more of a problem to those most in need. Parents also had concern about the lack of pre-school preparation for children. It is worth noting that for some issues such as infant mortality and low birth weight issues a high percentage of parents indicated that they did not know if some of these problems exist. Whether or not they responded to some questions may have been related to the age of their children. This may account for not all questions being responded to by each parent.

- Child abuse and neglect (43%)
- Lack of Before and After school care (33%)
- Lack of pre-school preparation (31%)

The resources identified as not being available to parents are:

- Affordable housing (77%)
- Accessible public transportation (70%)
- Jobs that pay above the minimum wage (63%)

There is some correlation between the resources that the service providers and stakeholders indicated were needed by parents (see Chart 18, page 32) and the areas that are considered problems by parents. For example a resource needed is health services for parents with children of all ages. Parents felt that infant mortality and low birth weight babies were problems in the county. Providers and stakeholders felt that child care services were a resource needed and parents also saw this as a need.

The findings taken from the parent surveys, the service providers, stakeholders and the focus group discussions all support the direction laid out in the strategic goals established by the LMB. The LMB has held as one of its highest priorities transforming the delivery of services to vulnerable families into a seamless process that focuses on prevention, early intervention and family support. There was agreement among all four groups of responders that the services being provided such as parenting training, parent support groups and intensive in-home services were most needed by families. Parents also put heavy emphasis on meeting their concrete need with resources to address poverty, transportation, employment and housing. It is important to note that while programs addressing the LMB's strategic goals do not focus specifically on meeting their more concrete needs, other agencies that are a part of the network do provide some help in meeting these needs. The LMB is actively supporting programs and services that are related to pre-school preparation, child care and support services to prevent abuse and neglect.

Problem	Percent Agree	Percent Disagree	Don't Know
Infant mortality	16.7	22.2	61.1
Low birth weight babies	20.8	19.4	59.8
Pre school children prepared for kindergarten	30.6	41.7	27.8
Child Care Services available	29.2	51.4	19.4
Before/after school care available	33.3	43.1	20.8
Child abuse/neglect	43.1	10.1	46.8
Poverty	60.9	15.9	23.2
Lack of affordable housing	77.5	4.2	18.3
Lack of transportation	70.4	11.3	18.3
Difficult to find jobs available above minimum wage	63.4	15.5	21.1
Difficult to find information about available services.	39.4	40.8	19.8

Parents were asked to share their perception about whether or not they felt that the services being offered were effective or useful to them in resolving specific problems. Thirty-five percent of the respondents rate prevention programs as being most effective and 35% rate them as somewhat effective. Fifty-six percent of the respondents rated intervention programs as somewhat effective, while thirty-three percent rate them as very effective. A higher percentage (42%) of the parents rated the aftercare programs as least effective, while only 21% rated them most effective (See Table 6).

Program	Most Effective	Somewhat Effective	Least Effective	Percent
Prevention Programs (n=53)	35.8	35.8	28.4	100.0
Intervention Programs (n=54)	33.3	55.6	11.1	100.0
Aftercare Programs (n=52)	21.2	36.5	42.3	100.0

When respondents were asked to assess the seriousness of problems across different parts of the county, there were certain patterns. Refer to the maps on page 6 to note the four quadrants. Looking at Table 7, parents felt that affordable before and after school care is less than adequate in South County (58%) and Central County (54%). Child-care availability was also seen as less than adequate in South County (53%) and Central County (49%).

Table 7								
Child Care Availability as Viewed by Parents by Section of the County ²⁶								
Problem	South County (n=48)		West County (n=48)		North County (n=48)		Central County (n=48)	
	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No
Child Care availability less adequate	53.1	46.9	34.7	65.3	38.8	61.2	49.0	51.0
Affordable before/after school less adequate	58.3	41.7	31.9	68.1	33.3	66.7	54.3	45.7

Overall there was agreement between the stakeholders, service providers, participants in the focus groups and the parents that a major need that continues in the county is for adequate and accessible child care, specifically before and after school care. In general parents felt that prevention and intervention programs are effective. They seem to agree that the West County and North County areas are being served better than the South County and Central County especially for the before and after school care.

²⁶ The number of respondents is lower for this question because parents with older age children tended not to respond to this issue as being problematic.

Recommendations Impacting Services for Parents with Children 0 – 5 years

All participants in this needs assessment expressed their views about what they felt could or should be done to respond to the needs of the children and families. Parents were especially asked to identify what things they thought were most important to them in dealing with the problems and concerns for their children. Based upon the information obtained from the four groups of respondents and the review of the literature the following recommendations are made with respect to the needs and services impacting families with children 0 – 5 years. These recommendations are by no means all inclusive but rather they support the views expressed by the responding groups and were thought to be most important in helping the most vulnerable families in Anne Arundel County.

Information obtained from the respondents indicates that there are already services being provided to families in Anne Arundel County by the existing agencies that are meeting some needs. The Community Partnership Network's services such as the Infant and Toddler's program, the Early Head Start program, the Tot's Line and the Family Support groups are meeting critical needs for some families. But there are many others that cannot gain access to these services because of their location and their limited access to transportation.

It is worth mentioning here that the United Way of Central Maryland's recently completed 2004 Needs and Assets Assessment report found corresponding priority issues in their discussions with key informants. Strengthening the family, health care, education, youth development and adequate housing were identified as priority concerns in their findings. The recommendations that are being put forth in this report come from suggestions and ideas that were provided by the participants and for the most part are reflective of their strongest areas of concern.

1. Expand the access to hands-on parenting training by increasing in-home visitation services and increasing the use of existing educational facilities.

Services that are provided through in-home visitation have proven to be most beneficial to the families and children. These programs provide hands-on demonstration of the techniques and procedures for improving care. Parents that are being seen and that are most at-risk are teen parents or young parents that have not been exposed to good models of child rearing. There are approximately 7,000 babies born annually in Anne Arundel County and based on the most recent census data there are about 33,000 children under age 5 in this county. Currently the Infant and Toddler's program is serving less than one thousand children. This program also provides special services for children that have been diagnosed with autism. In a recent news article in the Maryland Gazette, it stated that the "Autism Society of America estimates that one in every 350 people has an autistic disorder, which makes the disability more common than

childhood cancer, blindness or Downs syndrome.”²⁷ If we accept these projections the number of children that could potentially need these services far exceeds the current capacity for service and it is reasonable to assume that the need for these services will continue to grow.

Home visiting services that teach young parents about proper care of their children are viewed as being most effective for teen mothers and young single parents. These services are both preventive and provide intervention services for some problems. They also support the strategy to better prepare and support children’s success in school. The Infants and Toddlers program, Early Head Start, Home Connections, Success by Six, and the B.E.S.T. (Behavioral\Emotional Support & Training) programs have demonstrated success in training young mothers in how to become better parents thus giving young children a better chance at being successful in school. These programs should be expanded or replicated in other areas of the county where there is need. Faced with limited access to public transportation services in most of the county, the option for bringing consumers to a central location to receive these services is not practical or cost effective.

2. Increase the number of Family Support Centers, an effective way to provide access to early intervention services for families and children.

The resource identified as being most needed by the service providers, stakeholders and focus group participants were those that allow opportunities for improving socialization and communication between children and their parents. Responding to families with children with special needs or those with problems in behavioral management was high on all lists. All respondents mentioned structured recreational activities and parent training because it was felt that activities offered in these formats foster better family communication and reduce the incidence of family breakdown.

Neighborhood-based family support centers are a value – added resource that improve access to services. In this county some of the areas with the highest concentration of families with children that need access to these services (North and West County quadrants) have limited access to transportation. Parent support groups are considered by all of the responders to be an effective and cost beneficial resource that when made available on a regular basis offers increase opportunity for improving family functioning. These support groups are especially effective as vehicles for formal and informal training. The YWCA kinship programs were very effective in helping grandparents care for their kin and reduced the need for children to be placed in foster care. Having physically accessible sites for these resources to be made available in communities would be cost beneficial and opens the opportunity for expanding access to other resources such as before and after school care, mentoring activities and other counseling services.

²⁷ Maryland Gazette, December 11, 2004, Page A-14

Findings and Recommendations for Parents with Children Between the ages of 6 – 11 years

Although most of the programs and services provided by the agencies in the Community Partnership Network were directed to children between the ages of 0-5 years, this report did capture some views and opinions from all the respondents about older children. This information will be useful to the LMB in doing long-range planning. All of the respondents interviewed were asked to comment on resources that they believe parents need to care for older children. Chart 20 provides their views with respect to the resources needed for the 6 -11 year group. All of the respondents felt that as the efforts are made to support the younger children there must be an equal effort made to continue that support after they enter school. Some stakeholders and service providers also believe that special emphasis must be given to finding ways to increase access of Asian and Latino parents and their children to all services. In general they believe that outreach initiatives must be developed and targeted specifically for these groups of children.

Chart 20 Resources Needed for Children 6 – 11 years				
Resources Needed	Service Providers	Stakeholders	Focus Group Participants	Parents
Before and after school care.	✓	✓	✓	✓
Anger management sessions and training for parents and children.	✓		✓	✓
Sessions to understand and learn how to deal with harassment.	✓	✓		✓
Counselors that can jointly work with the parents and children.	✓	✓	✓	✓
Access to structured recreational activities for youth.	✓	✓	✓	✓
Summer camps (emphasis on inclusion of Asian and Latino children).	✓	✓	✓	✓
County wide transportation for children.	✓	✓	✓	✓

Service providers felt that children in this age range could benefit most from counseling services especially with problems associated with anger management. Throughout this survey anger management was identified as being problematic for children. For the 6 – 11 year olds, it shows up most often in the form of negative behavior at school.

Participants in the focus groups felt that there were no options available to help parents deal with this problem. When children are suspended from school they are often left unattended at home leading to problems of a more serious nature. Service providers pointed out that alcohol and substance abuse was beginning at a much earlier age. A key resource that is needed is more exposure to information about the negative consequences of substance abuse and they believe that it needs to be made available in the schools and in the community.

Recommendations for Services for Parents with Children 6 – 11 years

1. Expand access to behavioral management programs in the public schools and include supports for parents.

Problems that children in this age range have in not being able to deal with their anger and frustration in an acceptable and appropriate manner is a growing concern across the county according to all of the respondents. The negative fallout shows up most often in the schools and clearly impedes a child having a successful experience in school. If left unattended during this period the likelihood of the problem being exacerbated when the child becomes an older youth increases. At an older age the consequences become more severe.

Engaging parents and children in practical learning sessions is a methodology that builds on successful models that are in place in some of the existing programs that deal with communication breakdown in families. Appropriate and effective intervention strategies that have proven to be successful from other programs could be used with this age group. For example, using parent support groups along with companion child support groups have been used successfully in programs working with kinship caregivers. The two groups meet separately followed by periodic joint group activities that are used to share information. Discussions held using skilled group leaders guiding the exchanges and offering follow-up supportive counseling has been helpful especially with young parents. Using the schools as a base for these sessions takes advantage of a community based resource that improves access for families with transportation problems.

2. Expand Before and After School Services for parents with children 6 – 11 years.

The two resources considered by the parents and focus group participants to be most accessible and most underutilized in the community for meeting this service need are the public schools and churches. They felt that these resources are under utilized in the communities and are generally within walking distance to many parents that need these services. In the focus groups the participants felt that making these two resources more available for the use of the community would open up the potential for community groups or organizations to consider developing these kinds of programs. Lack of an accessible location for use by the community often stymies community initiatives. Strategies should be developed that make better use of these two resources for meeting this need in the communities. In suggesting strategies, focus group participants felt that

extending the school day by utilizing retirees and parents could open the potential to use elementary schools for before and after school care. Church affiliated groups with other volunteers are a potential resource for hosting these kinds of services.

Findings for Parents with Children Between the ages of 12– 18 years

All of the respondents were also asked to share their views and opinions about the needs and resources available to parents who are rearing older youth. Stakeholders, service providers, participants in the two focus groups and parents all expressed concern about the limited number of services for youth. Parents were specifically asked about their views about problems that they felt youth were encountering. Table 8 indicates problems that parents clearly perceived as growing issues for youth in this age range.

Problem	Percent Agree	Percent Disagree	Don't Know
Illegal drug use among adolescents	80.6	1.3	18.1
Drinking among adolescents	80.6	2.8	16.7
Teen Age Pregnancy	61.1	2.8	34.7
Nonviolent crime among adolescents	51.4	15.3	33.3
Violent crime among adolescents	48.6	5.6	45.8
Adequate services available for teen parents	30.6	33.3	34.7

Illegal drug use and drinking were seen as being the most problematic for parents with teens and teenage pregnancy was still high on their list. All the groups expressed the need for several communities to acquire funding to develop community centers equipped to deal with crises and to provide structured and supervised activities for youth. Because there were practically no identified community resources for youth and their families in some areas of the county, specifically West County and South County, they felt that problems with youth could intensify if something is not done in the near future (see Table 8). This problem was particularly seen as impacting youth in the West County area. As mentioned earlier, 91% of stakeholders feel there needs to be a comprehensive array of prevention services for families with children beyond age 5 (See Table 1, page 24). Job enrichment training was also seen as a critical need for older youth that are transitioning into the work force. Graduation from high school is important but for some finding a job afterwards is equally important. Some respondents felt that the Anne Arundel Community College could be a valuable resource for meeting this need.

Table 9 Youth Problems Identified by Parents by County Quadrants								
Problem	South County (n= 48)		West County (n=48)		North County (n=48)		Central County (n=48)	
	% Yes	% No	% Yes	% No	% Yes	% No	% Yes	% No
Adolescent drinking	52.9	47.1	44.0	56.0	50.0	50.0	64.7	35.3
Adolescent illegal drug	40.8	59.2	49.0	51.0	55.1	44.9	71.4	28.6
School dropout	27.5	72.5	19.6	80.4	52.9	47.1	31.4	68.6
Nonviolent crime a problem	38.1	61.9	33.3	66.7	45.2	54.8	42.9	57.1
Adolescent violent crime s	20.5	79.5	38.6	61.4	50.0	50.0	63.6	36.4

The most important resources that all four groups felt were important for older youth are listed in Chart 21. These resources are needed to help parents support their youth that have difficulties meeting their educational needs and dealing with problems they have in getting along with other youth. For the youth that have had problems adjusting to school and have been removed, resources that help them deal with anger and diversion or reentry programs are most often needed. Although these programs are more associated with interventions they are a valuable part of a support system for a number of youth. Parents are especially interested in resources that provide preventive strategies and most of them felt that recreational activities, after school programs and summer jobs are a part of preventive strategies and should be given equal priority to other services. Structured recreational programs for youth or organized community activities that provide a safe opportunity for socialization need to be a major focus in all sections of the county.

Chart 21 Resources Needed by Parents with Children 12 - 18 years				
Resources Needed	Service Providers	Stakeholders	Focus Group Participants	Parents
After school programs	✓	✓	✓	✓
Recreational activities	✓		✓	✓
Mentoring programs	✓	✓		✓
Programs to help youth manage anger	✓	✓	✓	✓
Employment opportunities for youth	✓	✓	✓	✓
Summer jobs	✓	✓	✓	✓
Diversion and reentry programs	✓	✓	✓	
Programs for teen moms and their babies	✓	✓	✓	✓
Counselors who understand youth	✓	✓	✓	✓
Activities between the government and faith-based agencies.		✓	✓	
Health care and health insurance	✓	✓	✓	✓

There was also a need expressed for constructive activities geared to teenage parents and their babies. Respondents felt that services that keep the teenage parent and the child together were more successful than programs that separate them.

When asked about the needs of children age 12-18 years that are not being met by agencies, the respondents identified services in several areas. Services for special needs children, work or employment services for youth, shelters for teen mothers, services for status offenders that are community-based and early intervention services for youth with delinquency problems were the most mentioned. Health care, mental health services, substance abuse treatment for teens, English as a second language, and help with internalized emotional problems were also included. While some service providers indicated that on occasion they were able to refer their families to other agencies for services they often found that the service was not available in the community where the family or youth lived.

Recommendations for Families with Youth 12 -18 years

1. Develop community-based drug and alcohol treatment programs for youth age 12 and older.

Parents identified the drug and drinking problems as the most serious ones for youth in this age range. The other three groups mentioned these issues as problems but they did not provide specific comments. The focus group participants, however, did give special attention to this problem in their discussions. They believed that neighborhood centers would provide them with an accessible resource that could be used to work with youth right in their community. The respondents in the focus groups and the parents were especially concerned about the limited resources in the county for helping parents with children that are involved with alcohol and drugs.

In support of this concern the recommendation is that community-based substance abuse treatment programs be developed serving youth from ages 12 through 18 years. This resource should be jointly created with citizens, parents, faith-based organizations and government agencies working together and taking advantage of untapped resources like religious facilities as sites for developing support groups and other self-help type resources.

2. Increase access to services for pregnant teenage girls and teenage parents.

All respondents expressed a need to improve the access of young girls that become pregnant to services to support their continuing education. Responders were concerned that some of these young girls are left with home tutoring as the primary way to continue their education both before and after giving birth. In the past special schools or programs were developed to work with young mothers during their pregnancy and afterwards. Anne Arundel County has not sustained this kind of initiative and as a general rule relies on home tutors for their academic learning while providing few support services to prepare these young women for taking on the responsibility of being a parent. After the

birth of the baby, many of them have difficulty obtaining child-care and consequently drop out of school. This problem is often exacerbated by the lack of transportation.

A prenatal and postnatal service along with minimal interruption to their education is crucial. Because the babies of these young mothers are at high risk of serious medical and developmental problems, it is important that a more stable and responsive educational program like the alternative school currently being operated by the Annapolis Family Support Center be developed. Including young fathers in these programs is another critical element that has been for the most part left out and is important for ensuring that these services are child and family-focused and are supporting the emotional and physical needs of the children.

Findings for Families with Children in all age groups

There were some concerns that were expressed as having an impact on all children regardless of their age. All respondents were asked to share their views about those issues that are of concern to families with children at any age. Issues such as the caregiver not having legal custody of the child or the provider's dependency on government funds for operating were examples of some of the concerns raised by the stakeholders, service providers and the focus group participants.

Legal relationship of the child to the caregiver

Sixty-three percent of providers report that families can access services for children in their care without having legal custody, while thirty-seven percent report that families cannot access services without legal custody. This is a real concern for families because often today children are living with relatives who may not have legal custody. It has the most negative consequence when it impedes a child getting health care or being admitted to school. It is helpful to know that most do not feel that it is a major problem but steps need to be taken to ensure that it is not a problem for any family.

Overcoming language barriers

Another concern that cut across all ages was the issue of language barriers that impede the ability to help some families and children. Respondents felt that increased attention should be given to the services that could help children overcome language barriers such as increased access to day care or early head start programs. It is important for the parents also because their children are impacted negatively when they do not understand the language enough to determine where to go to get help. By also helping the parent better understand the English language they will eventually be able to advocate for themselves.

Limited access of minority families and children to services

All groups mentioned as an issue the lack of access of minority children to services that are being offered throughout the county. Overall, it was felt that Asian and Latino children need more opportunities where they can interact with other children, especially during the preschool years. Latino parents especially need access to resources that will help with things as basic as paperwork associated with handling the immigration process. On the other hand African American families are impacted because they tend to live in communities that are somewhat isolated from the services they need and they have very limited access to public transportation.

Families have limited ability to advocate on their own behalf

Another concern was the lack of resources to help individuals in these communities to become more empowered to act on their own behalf. This was especially seen as important for those communities where there is a need to develop community-based services. During the focus group discussions in particular their highest priority for a resource needed was developing community centers that can serve as the central location for access to all services. Meade Village, Pioneer City in the West County and Glen Burnie were communities identified as having a special need for this kind of resource. They felt that the growing number of Korean and Asian families in West County highlight the need for this kind of resource for these families also.

Continuing financial support from all government sources

Concern was expressed by service providers, stakeholders and focus group participants about the dependency of existing agencies and programs on government funding for their survival. The need to consider whether there were other sources of funds available to them was an important concern for all communities. All providers interviewed are primarily dependent upon government funding. 88% received state funds, 63% county funds, 57% federal funds, and 19% foundation grants. Consequently without continuing support from government sources most of the current resources available through these providers would be lost. Service providers identified some specific services that they believe are not being provided due mainly to the lack of funds but are needed. Participants in the two focus groups also identified specific service needs that they felt are needed to meet the needs of the most vulnerable families and children. Chart 22 is a compilation of the services needs mentioned most impacting all age groups.

Chart 22 Other Special Service Needs for Parents with Children (all ages)				
Resources Needed	Service Providers	Stakeholders	Focus Group Participants	Parents
Community Crisis Center that at least provides access to the most critical services.	✓		✓	✓
Special parent training programs to improve parenting skills for rearing all ages.	✓	✓	✓	✓
Community-based programs specifically to deal with child mental health problems.	✓		✓	✓
Therapeutic counselors trained to work jointly with parents and youth.	✓	✓	✓	✓

Recommendations for services and resources that affect all age groups

1. Increase the use of support groups as a way to empower individuals to act on their own behalf and to strengthen their communities.

Existing agencies have demonstrated the value of having support groups or activities that allow individuals to share information. The parenting resource meetings being held in some of the libraries and Family Support Centers are an example of this type resource. This is a community-based resource that could be used for other activities where the most promising approach uses the group process to share information. Kinship or parent support groups are examples of groups that could benefit from having wider access to the use of this community-based resource. This could allow for expansion of this service into other areas of the county currently being underserved.

2. Expand citizen access to information through the increased use of electronic communication systems made available through hotlines, internet connections, electronic mail, and public kiosks.

The use of telephone hotlines for individuals to get information has proven to be an effective tool for helping families. Within the Community Partnership Network the TOTS Line and services provided through the Child Care Connections are examples of programs where consumers have used them effectively to gain information and access to services. Information about available resources could be more easily accessed if information on all services were available through a single hotline. Addressing this kind of need is not singularly the responsibility of the LMB. Along with its' partnering agencies it could become an incubator location for developing this kind of resource for the county. A single point of access for information is a service most often requested by consumers regardless of their income or level of need.

3. Develop a long-term strategy for working with families with children where domestic violence has been identified as a problem.

Domestic violence surfaced as a concern by all responding groups. Because of the known relationship between domestic violence and the potential for abuse and neglect of children the participants felt that this area should be given serious consideration for future support by the LMB. They felt that more attention must be directed towards stimulating resources and services for families that are experiencing these problems and that a county-wide strategy that reaches all families where domestic violence has been identified should be a part of the plan.

Summary

All of the respondents - stakeholders, service providers, focus group participants and the survey respondents - generally had a positive attitude about the services being provided through the Community Partnership Network initiatives. Service providers and stakeholders were asked to assess the availability of services to families and children in Anne Arundel County by indicating the services they think families need and whether or not they believe these services were currently being provided. Among the many services that families and children needed, the ones that were identified as being most important and that were now being provided by the agencies are listed in Chart 23. Their existence did not necessarily mean that they were sufficient to meet the demand or that they were always accessible to the parents that needed them most. Most felt that expansion of these services and making them available in the areas of the county where the need continues to exist would go a long way towards resolving many of the immediate problems for families seeking help.

Chart 23 Services Available in Anne Arundel County		
Services	Service Providers	Stakeholders
Parent Aide services	✓	✓
Child day care services	✓	
Individual counseling	✓	✓
Family counseling	✓	✓
Parenting Training	✓	✓
Assistance with school problems	✓	✓
Training for special needs children	✓	✓
Support services for children with behavioral problems	✓	✓
Mentoring Services	✓	✓

Respite care, financial assistance, emergency funds, training for medically fragile children, psychiatric counseling for families, and assistance with affordable housing, legal assistance and medical assistance for children were mentioned most often by stakeholders, providers, and in the survey responses as services needed but often not available or accessible (see Table 2, page 25). During the focus group discussions these same services were again identified as being most needed. So, it would seem from the information gathered that some of the most needed services are not available to all that need them because of limitations on the amount and where they are located.

For those children older than 5 years the services primarily being provided are group counseling, individual counseling, some transportation, clothing, and screening for behavioral and emotional problems. However, the services that are needed but not available to the children are medical care, medical assistance, dental assessments,

optometry services, financial assistance, and prescriptions for behavioral or emotional problems (see Table 3, page 28).

When asked about their experiences working with the families the service providers mentioned a number of positive outcomes that they have seen. An important finding for this project was learning about the positive outcomes that were occurring for children and families in the county. Providers report that they have had a number of positive experiences in working with families and children. They saw positive results from providing services that impact family functioning such as those occurring with activities that use the arts and family fun activities. These services help families develop better communication and socialization skills. The use of hands-on assistance to help families create a safer home environment for very young children was also effective. Providers attribute their successes to having stable and dedicated staff who gain an increased understanding of the different cultures and family life-styles and their ability to use that information while working with the family. They also believed that improved inter-agency working relationships increased their ability to construct better systems of support for the families. More county agencies have become increasingly aware of the need to address the gaps in services to at-risk, poor and minority groups and are willing to work on the problems.

Another positive outcome has been the improvements observed with families that are being provided services to teach them better child-care practices especially when provided in their homes. In general they believe that parents have shown improvements in some of the following areas.

- knowledge about normal child behavior and development
- being more empowered after freeing themselves from government dependence
- better understanding of the importance of nurturing their children
- recognition of their strengths and how to improve upon their weaknesses
- successfully coming together and functioning as a whole family, independently
- being able to walk away from abusive relationships and feel good about it
- children improving themselves and reaching back to help their parents
- families committed to helping each other and willing to form networks
- teens being willing to get involved in solving some of their own issues

A consistent finding from the four groups was the expressed need to continue the initiatives that support collaboration between agencies in developing early-intervention programs. For the 0-5 year group priority was given to child care programs, early head start programs and programs that send people into the homes for on-site training and help. The focus group participants were strongly supportive of providing wrap-around services for children to keep them with their families. All of the groups supported special education services but all felt that there should be more involvement of the parents and their children in the process. They also felt that the faith-based community needs to be viewed as one-and-the same with all other segments of the community and should be included in the planning process.

South County and West County residents were perceived to have the least access to

resources. This point was clearly stressed in the responses from the parent's surveys. Stakeholders and service providers also indicated that they believe that at-risk families are the most vulnerable to not receiving services if they reside in these two areas of the county. Families living in these areas also have their lack of access to services compounded because of the lack of public transportation.

Overall there was a view expressed that agencies need to be more proactive in their approach to developing services. This view was expressed specifically in reference to the need to give more attention to the impact of domestic violence on the safety of children.

The stakeholders and service providers were asked to identify any barriers that they found that impede their ability to help families resolve their problems. From an agency perspective they felt that the major barriers are work conditions such as insufficient staff resources, lack of sufficient space and funding, non-competitive salaries and turnover. From the perspective of the families it was lack of sufficient income, poor language skills, insufficient access to information or lack of knowledge about where to get help, and lack of transportation to access services that was most problematic.

Overall the responses from all of the participants indicated that the priorities that have been established by the LMB continue to be the most important for meeting the needs of the children and families most vulnerable in Anne Arundel County. There is a consistent message suggesting that all of the current services need to be expanded because there are many families in need of these services who do not now have access. In general the LMB needs to continue supporting the services that are now being provided while looking for creative ways to expand the reach into other areas of the county while at the same time beginning to plan for the development of some services to support families with older children. Early intervention and prevention services are needed for children 0 – 5 years to give them a head start but it cannot be done to the exclusion of older children because problems that may develop as they grow older will not only undo those earlier accomplishments but if left unattended will cost more to correct. Finding that balance is the next challenge for the LMB.

Bibliography

The Anne Arundel County Local Management Board Children and Families Needs Assessment update began with a review of the literature. Reference sources were obtained through recommendations made by staff at the Local Management Board, some of the interviewees and from a search on the Internet. The lists of the references that were reviewed or were in any way considered in the course of the preparation of this report are listed below.

1. **Achieving School Readiness, a 5 Year Action Agenda for Maryland**, Leadership in Action Program, October 30, 2002.
2. **Analysis of the Message of The Early Childhood Movement**, The Annenberg Public Policy Center of the University of Pennsylvania, Washington, DC, February 2003.
3. **Adult Mental Health Needs Assessment**, FY 2004, Anne Arundel County Mental Health Agency.
4. **Anne Arundel County Consolidated Plan, FY 2001 – FY 2005**, Arundel Community Development Services, Inc., June 1, 2000.
5. Anne Arundel County Department of Health, **Minority Health Directory**, 2004.
6. **Anne Arundel County Mental Health Plan, FY 2005**, Anne Arundel County Mental Health Agency, Inc.
7. Anne Arundel County Local Management Agency and Mental Health Agency **Children and Adolescent Needs Assessment: FY 2003**.
8. **Child Care Times**, Arundel Child Care Connections, Volume 3, Issue 3, January 2004.
9. **Children Growing Up in a Violent World**, The Maryland Bar Journal, Volume XXXVI, No. 3, May/June 2003.
10. **Choosing Child Care, A Guide to Finding the Right Care for Your Child**. Maryland Child Care Resource Network, Maryland Committee for Children, June 2000.
11. **Community Needs Assessment Techniques**, Lorna Butler and Robert Howell, Washington State University, Western Rural Development Center, Oregon State University, 1980.
12. **Community Needs Assessment Survey Guide**, Utah State University Extension, usu.edu/coop/comm/survey.htm.
13. Community Partnerships For Children & Families, "**Building Partnerships to Improve Child Well-Being in Maryland**," February 1999.
14. **Early Childhood Strategic Plan**, Howard County Local Children's Board, by the Ready at Five Partnership and the Early Childhood Strategic Planning Committee, July 15, 2003.
15. **Engaging Other Sectors in Efforts To Improve Public Policy in Early Childhood Development**, The Annenberg Public Policy Center of the University of Pennsylvania, Washington, DC, February 2003.
16. **Local Management Board Profile**, Second Annual Editions fiscal Year 2003, governor's Office For

Children, Youth and Families, November 2003.

17. Maryland Gazette, "**Programs aid parents of autistic children,**" Kimberly Marselas, December 11, 2004.
18. **Maryland's Results for Child Well-Being 2003**, Maryland Partnership for Children, Youth and Families, February 2003.
19. Nataf, Dan, Rayner Whartan & Ken Chateline, **Final Report Family Needs Assessment Survey**, conducted for the System Reform Initiative, Center for the Study of Local Issues, Anne Arundel Community College, May 8, 1996.
20. **Report Card of Community Health Indicators**, Anne Arundel County Department of Health, April 2003.
21. **School Readiness Information 2003 – 2004 School Year by State & County**, Maryland State Department of Education, 2004.
22. **Strategic Plan 2002**, Local Management Board of Anne Arundel County.
23. **The ARC of Anne Arundel County, Inc.**, Focus Group and Anne Arundel County Public Schools: Live Transitions Series, 2003.
24. **UPFRONT**, Volume I, Number 8/9, December 2003.
25. **Young Children**, Journal of the National Association for the Education of Young Children, September 2003.
26. **YWCA of Annapolis and Anne Arundel County**, Fall and Winter Program Guide, Fall\Winter 2003.
27. **Zero To Three**, Journal of Zero To Three: National Center for Infants, Toddlers, and Families, Volume 23, No. 4, March 2003.
28. 2003 Kids Count, **State Profiles of Child Well-Being Data Book**, The Annie E. Casey Foundation.

List of Agencies and Interviewees

The Anne Arundel County Local Management Board Children and Families Needs Assessment Update: FY 2004 report was completed in four phases including interviews with stakeholders, service providers, two focus groups and individual surveys. Fifteen stakeholders were interviewed and sixteen service providers were interviewed. The persons interviewed in these two groups are listed below. The names of the forty participants in the focus groups and the seventy-two survey respondents are not being listed.

Stakeholders

1. **Anderson, Penny**, United Way of Central Maryland
2. **Andrews, Jane**, Citizen Representative Anne Arundel County Local Management Board
3. **Boucher, Katherine**, Citizen Representative Anne Arundel County Local Management Board
4. **Collins, Alvin**, Chief of Staff Anne Arundel County Executive
5. **Fox, Michael**, Office of Planning and Zoning, Long Range Planning Anne Arundel County
6. **Harris, Alice**, Executive Director Anne Arundel County Local Management Board
7. **Hawkins, Delores**, Assistant to Program Manager RESPECT Foundation
8. **Hovan, Angela**, Program Manager RESPECT Foundation
9. **Marpel, Captain Athena** Anne Arundel County Police Department
10. **Mattheson, Joyce**, Executive Director Organization of Hispanics/Latin Americans of Anne Arundel County, Inc.
11. **Park, Kap Young**, Executive Director Korean Asian American Association
12. **Rehling, Rev. Carl**, Citizen Representative Anne Arundel County Local Management Board
13. **Reid, Dr. Orlie**, Citizen Representative Anne Arundel County Local Management Board
14. **Smith, Officer T. J.** Anne Arundel County Police Department
15. **Sulin, Victor**, Chairman of the Board Anne Arundel County Local Management Board
16. **Thomas, Bishop Larry**, Pastor St. James Church of the Apostolic Faith, Inc.
17. **Tilar, Mary**, Special Education Anne Arundel County Department of Education
18. **Torres, Dr. Jose M.**, Assistant Superintendent Anne Arundel County Department of Education
19. **Zhao, Kui**, Planner III, Demographer, Anne Arundel County Office of Planning & Zoning.

Service Providers

<u>Agency Program or Organization</u>	<u>Person (s) Interviewed</u>
1. Anne Arundel County Department of Social Services	Dorothy Boyle
2. Behavioral\Emotional Support and Training (B.E.S.T.) Program	Stacie Burch Latanya McFadden Doreen Campbell Traci Wimmer-Smith Dr. Deborah Perry
2. Library Parenting Centers	Cathy Butler
3. Child Care Connections	Carolyn Carter
4. Department of Recreation & Parks	Lisa Digiacinto
6. Infant and Toddlers Program	Dr. Edward Feinberg
7. United Way - Success by Six	Jessica Giandomenico
8. YWCA - Kinship Care Support Group	Rachel Griffin
9. Anne Arundel County Juvenile Services	Vicky Mitchell Michael Harris
10. YWCA - Mom's & TOTs Kinship Care In-Home-Intervention	Debbie O'Banion
11. Anne Arundel County Health Department	Frances Phillips
12. Early Head Start	Denise Simpson
13. Family Support Centers - Annapolis\Glen Burnie	Christine Shelton
14. Core Services Agency (Mental Health)	Frank Sullivan
15. TOTs Line	Estee Summers
16. YWCA West County Services	Diana Taylor